Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 37838-0014 Gerhard GROLIG First Inventor CONCERTINA-SHAPED CASING SUITABLE FOR EDIBLE MATERIALS

www.nonprovisional.applications.under 37 C.F.R. 1.53(b))

Express Mail Label No.

	TIV Homprovidional C								\neg
APPLICATION ELEMENTS			ADDRESS TO: B		Box F	Assistant Commissioner for Patents Box Patent Application			
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231						
1. 🛛 F	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)			7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				엽	
			sing)	8 Nucle	ofide and/or	Amino A	Acid Sea	nence Submission	₽
2. Applicant claims small entity status.			8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				l:		
_	See 37 CFR 1.27. 3 Specification [Total Pages 18]			a. Computer Readable Form (CRF)					9
3. Specification [Total Pages 18] (preferred arrangement set forth below)				b. Specification Sequence Listing on:					= 1
- [- Descriptive title of the Invention				i. ☐ CD-ROM or CD-R (2 copies); or				
- (Cross References	to Related Application	s LD	ji. [] paper				<u>a</u>
- 1	 Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, 				c. Statements verifying identity of above copies				-4
C	or a computer prog	ram listing appendix			ACCOMPA	ANYING	APPLIC	CATIONS PARTS	
	Background of the Brief Summary of t			9. 🛛	Assignmen	t Papers	(cover	sheet & document(s))	1
- 1	Brief Description o	f the Drawings (if filed	")	10.					
- Detailed Description			10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney						
	Claim(s) Abstract of the Dis	docuro		l., 👝	•				
-,	Abstract of the Dis	Closure		11. 🗌	English i ra	ansiation	Docum	ent (if applicable)	- 1
				12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
5. Oath or Declaration [Total Pages 4]			13. 🗆	Preliminary	Amend	ment		1	
a. 🛛 Newly executed (original or copy)			14. X Return Receipt Postcard (MPEP 503)				ŀ		
b. 🗌		or application (37 C		💆	(Should be specifically itemized)				1
(for a continuation/divisional with Box 18 completed)				15. Certified Copy of Priority Document(s)					
i. 🗀	DELETION (OF INVENTOR(S)	(if foreign priority is claimed)					
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
			or its equivalent.						
6. Application Data Sheet. See 37 CFR 1.76					1				
12 14 221		ATION shook appro	prioto boy, and supply	the requis	ite information	n helow a	nd in a p	reliminary amendment,	
18. If a CON	TINUING APPLIC	ATION, CRECK appro	priate box, and supply 76:	r lite requis	ite imormation	, poloti a	ina in a p	, om many and one of the	
	or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:/								
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: / Prior application information: Examiner Group / Art Unit:									
E CONTIN	ILLATION DIVIS	IONAL ADDS only 1	 he entire disclosure	of the prior	application, fr	rom whic	h an oath	or declaration is supplied	۱
Lundan David	Eb is sonsidered	a nart of the disclos	ure of the accompany	rina or divis	ional applicat	ion and i	s nereby	Incorporated by reference	! .
The incorpo	oration <u>can only</u> b	e relied upon when	a portion has been in			the Subii	iitteu app	oncauon parts.	
			17. CORRESPO	ADENCE A	PPRESS				
		MA.				or D	☑ Corr	respondence address below	
⊠ Custor	mer Number or Ba	r Code Label	ert Customer No. or Al	<i>teghp</i> 4CQ	(Mabel here)		a 00//	espondence dudrede belevi	
Name	HELLER EHR		AULIFFE LLP PATES	2000	RK OFFICE				
	1666 K STREET, NW. SUITE 300								
Address									
City	WASHINGTON		State	D.C. Z		Zip Cod	de	20006	
Country	UNITED STATES Telephone		202.912.2000 Fax		ax	202.912.2020			
Name (P	rint/Type)	SUSAN E. SHAW	/ MCBEE	Registration No. (Attorney/Agent) 39,294			_		
Signature	Signature Susan E. Show!		F. Many	N Usea Dat		ate	9/27/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**or number previously paid, if greater, For Reissues, see above

	Complete if Known	
Application Number	Unassigned	
Filing Date	September 27	2001
First Named Inventor	Gerhard GROLIG	*
Examiner Name	Unassigned	
Group / Art Unit	Unassigned	26633
		20033

37838-0014 PATENT TRADEMARK OFFICE TOTAL AMOUNT OF PAYMENT Attorney Docket No. (\$) 750.00 FEE CALCULATION (continued) METHOD OF PAYMENT (check one) 3. ADDITIONAL FEES The Commissioner is hereby authorized to charge 1. Small indicated fees and credit any over payments to: Entity Entity Fee Fee Code **Fee Description** Deposit Paid Code (\$) (\$) 08-1641 Account 130 205 65 Surcharge - late filing fee or oath 105 Number Surcharge - late provisional filing fee 127 50 227 25 or cover sheet. Deposit 139 130 Non-English specification 139 130 Heller Ehrman White & McAuliffe LLP Account 2,520 147 2,520 For filing a request for reexamination Name 147 920* Requesting publication of SIR prior to ☐ Charge Any Additional Fee Required 112 920* 112 Examiner action Under 37 CFR 1.16 and 1.17 Requesting publication of SIR after Applicant claims small entity status. 113 1,840* 113 1,840* See 37 CFR 1 27 Examiner action 2. Payment Enclosed: Extension for reply within first month 115 110 215 55 Extension for reply within second 116 390 216 195 **⊠**Check □ Credit card ☐ Money ☐ Other Extension for reply within third month 117 890 217 445 Order Extension for reply within fourth 118 1,390 218 695 **FEE CALCULATION** month BASIC FILING FEE Extension for reply within fifth month 128 1,890 228 945 **Entity Small** Entity Large 219 155 Notice of Appeal 119 310 **Fee Description** Fee Filing a brief in support of an appeal 120 310 220 155 Fee Paid Code Code (\$) (\$) Request for oral hearing 221 135 121 270 710 101 710 201 355 Utility filing fee Petition to institute a public use 138 1,510 138 1,510 Design filing fee 106 320 206 160 proceeding 107 490 207 245 Plant filing fee 140 240 55 Petition to revive - unavoidable 110 108 710 208 355 Reissue filing fee Petition to revive - unintentional 141 1,240 241 620 75 Provisional filling fee 114 150 214 620 Utility issue fee (or reissue) 242 142 1,240 243 220 Design issue fee 143 440 (\$) 710 SUBTOTAL (1) 144 600 244 300 Plant issue fee 2. EXTRA CLAIM FEES 122 130 122 130 Petitions to the Commissioner Fee from Fee Petitions related to provisional Extra 123 130 123 130 below Paid Claims applications Total Claims -20 0 Х Submission of Information Disclosure 126 180 126 180 Independent 0 Х 80 -3 Recording each patent assignment 40.00 per property (times number of 581 40 581 40 Multiple properties) Х Dependent 246 355 Filing a submission after final rejection 146 710 Entity Small Entity Large (37 CFR § 1.129(a)) Fee For each additional invention to be 149 710 249 355 Fee Description Code (\$) Code (\$) examined (37 CFR § 1.129(b)) 203 Claims in excess of 20 9 103 18 Request for Continued Examination (RCE) 179 710 279 355 Independent claims in excess of 3 80 202 40 102 135 Multiple dependent claim, if not paid Request for expedited examination 270 204 169 900 169 900 104 of a design application ** Reissue independent claims over 40 109 80 209 original patent ** Reissue claims in excess of 20 and 110 18 210 9 over original patent Other fee (specify) SUBTOTAL (2) (\$)710.00SUBTOTAL (3) *Reduced by Basic Filing Fee Paid (\$) 750.00

SUBMITTED BY	Co	Complete (if applicable)				
Name (Print/Type)	Susan E. Shaw McBee	Registration No Attorney/Agent)	39,294	Telephone	202.912.2000	
Signature	Susa E.	Man McRep		Date	9/27/01	